Atty. Dkt. No. PERL.10.01

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

PERLMAN, Daniel

Title:

ALUMINUM FOIL CUPS FOR COVERING LABORAORY

VESSELS

Appl. No.:

10/800,573

Filing Date:

03/15/2004

Examiner:

Ramdhanie, Bobby

Art Unit:

1797

Confirm. No.:

1722

TRANSMITTAL

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

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Pursuant to the Power of Attorney submitted herewith, kindly change the Attorney Docket Number for this application to "PERL.10.01".

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

Ames IP Law

7031 Los Vientos Serenos

Escondido, CA 92029

Telephone:

(760) 471-9620

Facsimile:

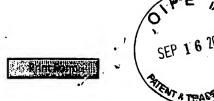
(760) 471-2167

Bv

Wesley B. Ames

Attorney for Applicant

Registration No. 40,893



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Application Number	10/800, 573		
Filing Date	03/15/2004		
First Named Inventor	PERLMAN, Daniel .		
Title			
Art Unit	ALUMINUM FOIL CUPS FOR COVERING LABORATORY VESSEL		
Examiner Name	Ramdhanie, Bobby		
Attorney Docket Number	DVRS-003XX		

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following Customer Number as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) named below as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name Presser recognize or change the correspondence address for the above-identified application Number Presser recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. OR Firm or Individual Name Address State Applicant/Inventor. OR Applicant/Inventor. OR Signature Signature Date Sep 11, 2008 Telephone Tite and Company NOIE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one supports the properties of the submitted interest or their representative(s) are required. Submit multiple forms if more than one		Attorney Docket Number	DVR3-003AA			
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Please recognize or change the correspondence address for the above-Identified application to: The address associated with the above-mentioned Customer Number. OR	OR I hereby appoint Practitioner(s) associated with the followin Number as my/our attorney(s) or agent(s) to prosecute the identified above, and to transact all business in the United and Trademark Office connected therewith: OR I hereby appoint Practitioner(s) named below as my/our att	application States Patent torney(s) or agent(s) to prosec	ute the application identified	above, and		
The address associated with the above-mentioned Customer Number. OR The address associated with Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: X Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Signature Signature of Applicant or Assignee of Record Signature Name Daniel Periman Title and Company NOTE: Signatures of all the Inventors or assignees of record of the entire Interest or their representative(s) are required. Submit if more than one	Practitioner(s) Name	R	Registration Number			
The address associated with the above-mentioned Customer Number. OR The address associated with Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: X Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on Signature Signature of Applicant or Assignee of Record Signature Name Daniel Periman Title and Company NOTE: Signatures of all the Inventors or assignees of record of the entire Interest or their representative(s) are required. Submit if more than one						
Country Telephone	The address associated with the above-mentioned Custom OR The address associated with Customer Number: OR Firm or Individual Name					
Telephone Email I am the: X Applicant/Inventor. OR Assignee of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Signature Date Sep 11, 2008 Title and Company NOTE: Signatures of all the Inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms it more than one		State	Zip			
I am the: X Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTC/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Signature Date Date Sep 11, 2008 Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one		Fmail		y 		
Signature Name Daniel Periman Daniel Periman Telephone Telephone Telephone NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms it more than one	I am the: Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) subm.	itted herewith or filed on		_		
Name Daniel Periman Telephone 78/-736-21/2.8 Title and Company NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one			1 Com 13 3000			
Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one	A CONTRACT OF STREET		ille .	2428		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one						
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This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the Individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.